FILING FEE SCHEDULE

1	Number of Resident Partners _	x \$150.00		= _	
2	Number of Nonresident Partners with				
	Physical Nexus to New Jersey	x \$150.00		=_	
3	Number of Nonresident Partners without				
	Physical Nexus to New Jersey _	x \$150.00 x	•	= _	
			Corporation		
			Allocation Factor		
4	Total Filing Fee (Add Lines 1-3)			=	

Carry the total from Line 4 to Line 1 of Form PART-200-T. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-200-T.

PART-200-T

PARTNERSHIP TENTATIVE RETURN AND APPLICATION FOR EXTENSION OF TIME TO FILE

For period beginning ______, 2003 and ending ______, 20___ 2003 Federal Employer I.D. Number Partnership Name Mailing Address City State Zip Code

> Make checks payable to: State of New Jersey - PART Write the Federal ID number and tax year on the check.

Mail To: Filing Fee and Tax on Partnerships PO Box 642 Trenton, NJ 08646-0642

1. Filing Fee (Line 4 of Filin Fee Schedule)

2. Installment Payment (Mu Line 1 by .50)

3. Tentative Nonresident Noncorporate Partner Ta

4. Tentative Nonresident Corporate Partner Tax 5. Total Fee and Tax

(Add Lines 1-4)

6. Less: Tax Paid on Behal Partnership

7. Less: Payment/Credit

8. Total Balance Due

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\$		0	0